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## BIB DATA SHEET

CONFIRMATION NO. 2942

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO.<br>006477<br>USA/CPS/IBSS/LP |
|---------------|----------------------------------|-------|----------------|---|
| 10/797,286    |                                  | 034   | 1792           |   |

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/25/2004

| Foreign Priority claimed       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE OR COUNTRY   | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS                 |
|--------------------------------|---|--|-----------------|--------------|------------------------------------|
| 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                 |              |                                    |
| Verified and<br>Acknowledged   | /RAKESH KUMAR<br>DHINGRA/<br>Examiner's Signature                   | <input type="checkbox"/> Met after Allowance<br>Initials | CA              | 5            | 16 <del>21</del><br>3 <del>4</del> |
|                                |   |  |                 |              |                                    |

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## TITLE

Gas distributor having directed gas flow and cleaning method

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>874 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                            |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                            |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                            |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                            |   | <input type="checkbox"/> Other _____                         |
|                            |   | <input type="checkbox"/> Credit                              |